

U.S. DEPARTMENT OF AGRICULTURE
GRAIN INSPECTION, PACKERS AND STOCKYARDS ADMINISTRATION
PACKERS AND STOCKYARDS PROGRAMS

**PACKER INQUIRY
PACKERS AND STOCKYARDS ACT, 1921,
AS AMENDED AND SUPPLEMENTED**

OMB Control No. 0580-0015

Response is required in order to determine if packer is subject to bonding provision of the Packers and Stockyards Act, 1921, as amended and supplemented (7 U.S.C. 204). Information held confidential (9 CFR 201.96).

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0580-0015. The time requested to complete this information is estimated to average 1 hour per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

1. REPORT FOR YEAR ENDED

December 31, 20_____.

2. IF FIRM OPERATES ON FISCAL YEAR, LIST FISCAL YEAR

SECTION I - GENERAL INFORMATION

3. FIRM'S NAME AND ADDRESS (Include ZIP +4 code)	5. TELEPHONE NUMBER	7. TYPE OF ORGANIZATION <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> L.L.C. <input type="checkbox"/> L.L.P. <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER _____ (Specify)	8. LIST STATE INCORPORATED/ REGISTERED/FORMED
4. E-MAIL ADDRESS	6. FAX NUMBER		9. DATE INCORPORATED/ REGISTERED/FORMED
10. DID ANY CHANGE IN ORGANIZATION TAKE PLACE DURING THE YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO	11. IF "YES," GIVE DETAILS		

12. OWNERS, PARTNERS, OFFICERS, AND DIRECTORS

NAME	TITLE	% OF OWNERSHIP	SOCIAL SECURITY NUMBER*	MAILING ADDRESS (Street and no., City, State, and ZIP +4 Code)

* The Privacy Act of 1974 requires this Agency to inform applicant that disclosures of social security numbers are optional and that the information sought on this form is required by 9 CFR 201.97. The sole use of the social security number(s) sought on this form is to distinguish between individuals that have identical or similar names. As this Agency maintains a large volume of names, packers are encouraged to supply social security numbers.

SECTION II - COST OF LIVESTOCK PURCHASED

13. TOTAL COST OF ALL LIVESTOCK PURCHASES FOR YOUR ACCOUNT \$ _____

SECTION III - PURCHASES AND SALES

14 a. Does the firm purchase livestock for slaughter at terminal stockyards or auction markets?	<input type="checkbox"/> YES <input type="checkbox"/> NO
14 b. Does the firm purchase livestock for slaughter from outside the State in which slaughtered?	<input type="checkbox"/> YES <input type="checkbox"/> NO
15 a. Did the firm sell or ship any meat or meat food products outside the State where such meat or meat food products are manufactured or prepared by it?	<input type="checkbox"/> YES <input type="checkbox"/> NO
15 b. Did the firm sell or ship meat or meat food products manufactured or prepared by it to U.S. Government agencies (i.e., military installations, hospitals, etc.)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
16. Do you operate as a wholesale broker, dealer, or distributor in commerce to market meat, meat food products, or livestock products in an unmanufactured form?	<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION IV - LIVESTOCK SLAUGHTERED

NO. OF HEAD

	CATTLE	CALVES	HOGS	SHEEP
17. By the firm for its own account.				
18. By the firm for the accounts of others.				
19. By others for the firm's account. (Under remarks (Section VI), list name and address of each person or firm for or by whom 1,000 head or more were slaughtered and list whether in answer to 18 or 19.)				

SECTION V - MEAT AND MEAT FOOD PRODUCTS SOLD

20. TOTAL SALES VALUE OF ALL MEAT AND MEAT FOOD PRODUCTS HANDLED BY FIRM \$ _____

SECTION VI - REMARKS

21. (Use this space for additional information or explanation, making reference to item number. Continue on reverse of form if necessary.)

RETURN COMPLETED FORM TO THE APPROPRIATE REGIONAL OFFICE; SEE SEPARATE INSTRUCTION FOR INFORMATION.

I certify that this report has been prepared by me or under my direction and to the best of my knowledge and belief this report correctly reflects the operations of the reporting firm.

22. SIGNATURE (Owner, partner, or responsible officer)	23. DATE	24. TITLE
		25. TELEPHONE NO.

The Packers and Stockyards Act provides in part that "Any person who shall willfully make, or cause to be made, any false entry or statement of fact in any report required to be made under this Act . . . shall be deemed guilty of an offense against the United States,, and shall be subject, upon conviction in any court of the United States of competent jurisdiction, to a fine of not less than \$1,000 nor more than \$5,000, or to imprisonment."